

**Mail completed request and self-addressed envelope directly to:**

**Voice:** (608) 266-8147  
**Fax:** (608) 264-9874

**Purpose of Form:** Completion of this form is voluntary. Personally identifiable information on this form will be used only to process the audit confirmation request. At the request of CPA firms, the Department of Health and Family Services will provide confirmation of amounts paid on grants to provider agencies directly funded by the Department and will identify differences wherever possible. **Photocopying of the form is encouraged.**

Confirmation requests of amounts paid on grants administered by other State Agencies (i.e. Department of Workforce Development) will be returned to the CPA firm and should be directed to the Agency administering the grant.

The Department does not prepare schedules for grants paid to agencies. To obtain information on monthly payments refer to the DMT-603, which is provided with each payment. The Department will provide copies of the year-end DMT-603 if requested by the agency or their auditors. Requests should be directed to the following address:

Department of Health and Family Services  
CARS Unit, Room 736  
1 W. Wilson Street, P. O. Box 7850  
Madison, WI 53707-7850  
Telephone: (608) 267-7104